



State of Connecticut  
Commission on Fire Prevention and Control

**AERIAL OPERATOR**  
Certification Examination Application Form



Please **PRINT** all information legibly as it will appear on your permanent records. This **entire** application must be completed by **both** the trainer & trainee prior to submission.

**APPLICANT DATA**

Last name	First name	Middle Initial
Home Street Address		
Town	State	Zip Code
Telephone Home	Work	
Social Security Number	CFPC Office Use Only:	
Date Certified as a State of Connecticut Firefighter I:		Individuals <b>not</b> currently certified to the Firefighter I level must have been an active member of a fire department with continuous service on or before July 1, 1977. Verification must be provided.

**FIRE SERVICE AFFILIATION**

Department Name	FDID # ( if applicable )
Company/Unit	City/Town
Check One: Career _____ Volunteer _____ Call _____	
Date entered fire service ( if applicable, include both volunteer and career time)	

**EXAMINATION DATA**

Type of Examination ( Check One ) ( Applicants may apply for both types of examinations on a single application )	
Written Examination _____ Date _____	( Required for Challenge Examination Only ) Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination required with application. Please check type of payment below:

Cash	Check ( please indicate check # and date )	Purchase order	In service or Calendar Class (fee included in tuition)
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control  
34 Perimeter Road  
Windsor Locks, CT 06096-1069

## AERIAL OPERATOR - LICENSE DATA

Motor Vehicle License Number	Type	State
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## AERIAL OPERATOR - INDIVIDUAL TRAINING RECORD

Name ( <i>Print</i> )		Social Security Number:
NFPA 1002 Chapter 2 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met
2-1 General		N/A
2-2 Preventive Maintenance		
2-3 Driving/Operating		
NFPA 1002 Chapter 4 Objectives		
4-1 General		
4-2 Operations		

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1002, Chapter 2 and Chapter 4, 1992 edition, will have been satisfactorily performed and evaluated by the time of a formal practical skills examination. It is understood that a skill evaluation may be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date